

BDDS Portal Provider Training 5:

Individual Profile

September 25, 2018



Profile / Basic Information

Personal Information

- First, Middle and Last Names
- Preferred Name or Nickname
- RID
- Social Security Number – last 4 only
- Date of Birth



Profile / Basic Information

Addresses

- Residential Address
- Mailing Address

Contact Information

- Home & Mobile Telephone Numbers
- Email Address

Demographic Information

- Gender
- Race
- Legal Status
- Language
- Marital Status
- Ethnicity
- Guardian, including contact information
- Translator



Basic Information

The screenshot displays the PCISP Profile page. At the top, a navigation bar includes links for PCISP, Profile, Case Notes, Documents, Monitoring Checklist, and Transitions. A red arrow points to the Profile link. Below the navigation bar, the page title is "Basic Information". On the left, a sidebar menu lists various sections: Basic Information, Living Arrangements, Relationships, Diagnosis, Waiver, Authorized Provider, and Manage. A red arrow points to the "Living Arrangements" link. The main content area is divided into two sections: "Personal Information" and "Addresses".

Personal Information

First Name TOBY	Middle Name <input type="text"/>	Last Name KEITH	
Preferred Name/Nickname <input type="text"/>	RID 100433738099	SSN ***-**-7850 <input type="checkbox"/>	DOB 7/8/1961

Addresses + Add Address

ADDRESS TYPE	ADDRESS	CITY, STATE ZIP	COUNTY	DISTRICT	EFFECTIVE DATE	END DATE
Individual Residence	2015 BLUE MOON AVE	EVANSVILLE, IN 47713	Daviess	7	2/7/2018	

Basic Information is the default page within an individual's profile.



Basic Information / Addresses

Addresses + Add Address

ADDRESS TYPE	ADDRESS	CITY, STATE ZIP	COUNTY	DISTRICT	EFFECTIVE DATE	END DATE	
Individual Residence	1800 LINCOLN AVE Apt T	EVANSVILLE, IN 47722	Daviess	7	2/9/2018		

[View Address History](#)



The individual's address history can be viewed using the View Address History link at the bottom right of the address grid.



Basic Information / Addresses

Previous Addresses ×

ADDRESS TYPE	ADDRESS	CITY, STATE ZIP	COUNTY	DISTRICT	EFFECTIVE DATE	END DATE	
Individual Residence	2015 BLUE MOON AVE	EVANSVILLE, IN 47713	Daviess	7	2/7/2018	2/9/2018	

Close



Basic Information / Demographic Information

Demographic Information

Gender **Marital Status**

Races **Ethnicity**

Legal Status **Legal Status Notes**

Guardian or Legal Representative

NAME	PHONE	EMAIL	RELATIONSHIP	DOCUMENTATION
Minglin, Beckie	(256) 321-5788		Friend	KeitTob Guardianship <input type="button" value="Upload"/> <input type="button" value="Link"/>

Language

If a translator has been identified, please provide contact information:

Translator(s)

NAME	PHONE	EMAIL

Demographics includes information on the individual's gender, marital status, race, ethnicity, and legal status, guardian or legal representative, language and translator, if applicable.



Profile: Living Arrangements

PCISP Profile Case Notes Documents Monitoring Checklist Transitions

Living Arrangements

Basic Information Living Arrangements Relationships Diagnosis Waiver Authorized Provider Manage

Living Arrangements [+ Add Living Arrangement](#)

LIVING ARRANGEMENT TYPE	PROVIDER OWNED OR CONTROLLED SETTING?	EFFECTIVE DATE	EFFECTIVE TO	ENTRY DATE
Living in Family Home (No shared RHS staff)	No	5/26/2016		5/26/2016 8:31:10 AM

Housemates [+ Add Housemate](#)

HOUSEMATE

Displays the living arrangement type, provider owned or controlled setting response, the effective dates and entry date of the each living arrangement.



Provider Owned or Controlled Settings

Indiana Defines Provider Owned or Controlled Setting (POCOS) as:

- Residential settings that are owned by a provider, or
- Residential settings in which individuals are not living in their family home and utilize:
 - Residential Habilitation and Support – Level Two;
 - Residential Habilitation and Support – Daily; or
 - Structured Family Caregiving



Profile: Relationships

- Family
- Friends
- Team Members
- Healthy Living Providers
 - Required in the PCISP



Profile: Relationships

Relationships

+ Add Relationship

NAME	RELATIONSHIP	OTHER	CONTACT INFO	CONTACT TYPE	
Minglin, Beckie	Friend		(256) 321-5788 -	Guardian	Delete

Healthy Living Providers

NAME	RELATIONSHIP	SPECIALTY	CONTACT INFO	CONTACT TYPE	APPOINTMENT FREQUENCY	
Doctor, Dennis	Doctor	Primary Care Physician	(812) 333-4444 - d.doctor@aam.com		Bi-Annually	Delete



Profile: Diagnosis

The screenshot shows the 'Diagnosis' section of a client profile for Kinsey R Reynolds. The page is divided into two main areas: 'Waiver Diagnosis' and 'Mental Health or Medical Diagnosis'. The 'Waiver Diagnosis' table lists two entries: 'Pervasive developmental disorder, unspecified' (ICD-10: F849, Date: 9/10/18, Type: Secondary Diagnosis) and 'Specific developmental disorders of speech and language' (ICD-10: F80, Date: 9/10/18, Type: Tertiary Diagnosis). The 'Mental Health or Medical Diagnosis' table lists two entries: 'Congen malform of ear causing impairment of hearing, unsp' (ICD-10: Q169, Date: 00/29/16) and 'Congenital malformation of peripheral vascular system, unsp' (ICD-10: Q279, Date: 00/10/18). A 'View Diagnosis History' button is located below the second table.

HOME REYNKINR10000000099 Case Mgr: Francis Luce
KINSEY R REYNOLDS - Profile Portal ID: 50444 CMCO: IPMG
Waiver: CIH-Active /

PCISP Profile Case Notes Documents Monitoring Checklist Transitions

Diagnosis

Basic Information Living Arrangements Relationships **Diagnosis** Waiver Authorized Provider Manage

Waiver Diagnosis + Add Diagnosis

Diagnosis	ICD-10	Diagnosis Date	Diagnosis Type
Pervasive developmental disorder, unspecified	F849	9/10/18	Secondary Diagnosis
Specific developmental disorders of speech and language	F80	9/10/18	Tertiary Diagnosis

Mental Health or Medical Diagnosis

Diagnosis	ICD-10	Diagnosis Date
Congen malform of ear causing impairment of hearing, unsp	Q169	00/29/16
Congenital malformation of peripheral vascular system, unsp	Q279	00/10/18

View Diagnosis History

The primary, secondary and tertiary diagnosis are limited to those diagnoses specific to receiving HCBS Services. The Mental Health/Medical Diagnosis is for all other diagnosis pertaining to the individual.



Profile: Waiver

- Waiver Detail
- Medicaid Information
- Individual's Audit
 - Including Service Plan History (Formerly CCB)



Profile: Waiver

PCISP Profile Case Notes Documents Monitoring Checklist Transitions

Basic Information

Basic Information
Living Arrangements
Relationships
Diagnosis
Waiver
Authorized Provider
Manage

Personal Information

First Name TOBY	Middle Name <input type="text"/>	Last Name KEITH	
Preferred Name/Nickname <input type="text"/>	RID 100433738099	SSN ***-**-7850 <input type="checkbox"/>	DOB 7/8/1961

Addresses

ADDRESS TYPE	ADDRESS	CITY, STATE ZIP	COUNTY	DISTRICT	EFFECTIVE DATE	END DATE
Individual Residence	2015 BLUE MOON AVE	EVANSVILLE, IN 47713	Daviess	7	2/7/2018	

+ Add Address



Profile: Waiver - Waiver Information

Waiver

Waiver Information

Waiver Type CIH
Waiver Status Active
Waiver Start Date 10/1/2001

ALGO Level 4
Allocation \$99,880.00
Raw Health Score 7
Health Care Supports
Frequency 4
Intensity 3
Effective Date 10/1/2017

[View Waiver History](#)

[View Medicaid Info](#)

Audit

Medicaid Redetermination Date: 08/31/2018

Next Team Meeting Date: 4/24/2018

PCISP	LOCSI	Service Plan	Monitoring Checklist	Unannounced Visit
Annual Due 5/1/2018	Annual Due 4/15/2018	Annual Due 5/1/2018	Next Checklist Due Date 1/31/2018	Annual Due 8/5/2018
Last Finalized 6/15/2017	Last Finalized 4/15/2017	Last Finalized 12/15/2017	Last Finalized 10/31/2017	Last Finalized 8/5/2017

Service Plan History

SERVICE PLAN TYPE	SERVICE PLAN START DATE	SERVICE PLAN END DATE	SERVICE PLAN STATUS	TRANSMIT DATE
Initial	2/1/2018	1/31/2019	In Progress	

At the top, the waiver type, status and start date is displayed. Immediately below, the user has the option to click View Waiver History



Profile: Waiver - Waiver Information

Waiver History ×		
WAIVER TYPE	WAIVER STATUS	STATUS DATE
CIH	Active	10/1/2001

The Waiver history modal will open and display both current and historical information. In this example, the individual is currently on the CIH waiver. If he or she had previously had the family supports waiver, the waiver type, status and date of the FSW would also appear here. Interruptions and terminations are also included in this modal.



Profile: Waiver - Waiver Information

Waiver

Waiver Information

Waiver Type CIH
Waiver Status Active
Waiver Start Date 10/1/2001

[View Waiver History](#)

[View Medicaid Info](#)



ALGO Level 4
Allocation \$99,880.00
Raw Health Score 7
Health Care Supports
Frequency 4
Intensity 3
Effective Date 10/1/2017

Audit

Medicaid Redetermination Date: 08/31/2018

Next Team Meeting Date: 4/24/2018

PCISP	LOCSI	Service Plan	Monitoring Checklist	Unannounced Visit
Annual Due 5/1/2018	Annual Due 4/15/2018	Annual Due 5/1/2018	Next Checklist Due Date 1/31/2018	Annual Due 8/5/2018
Last Finalized 6/15/2017	Last Finalized 4/15/2017	Last Finalized 12/15/2017	Last Finalized 10/31/2017	Last Finalized 8/5/2017

Service Plan History

SERVICE PLAN TYPE	SERVICE PLAN START DATE	SERVICE PLAN END DATE	SERVICE PLAN STATUS	TRANSMIT DATE
Initial	2/1/2018	1/31/2019	In Progress	

For CIH waiver, the Algo, allocation, raw health care score, and effective date will appear on the right. For FSW, these fields will be blank.



Profile: Waiver - Medicaid Information

Waiver

Waiver Information

Waiver Type CIH
Waiver Status Active
Waiver Start Date 10/1/2001

ALGO Level 4
Allocation \$99,880.00
Raw Health Score 7
Health Care Supports
Frequency 4
Intensity 3
Effective Date 10/1/2017

[View Waiver History](#)

[View Medicaid Info](#)



Audit

Medicaid Redetermination Date: 01/1/2018

Next Team Meeting Date: 4/24/2018

PCISP	LOCSI	Service Plan	Monitoring Checklist	Unannounced Visit
Annual Due 5/1/2018	Annual Due 4/15/2018	Annual Due 5/1/2018	Next Checklist Due Date 1/31/2018	Annual Due 8/5/2018
Last Finalized 6/15/2017	Last Finalized 4/15/2017	Last Finalized 12/15/2017	Last Finalized 10/31/2017	Last Finalized 8/5/2017

Service Plan History

SERVICE PLAN TYPE	SERVICE PLAN START DATE	SERVICE PLAN END DATE	SERVICE PLAN STATUS	TRANSMIT DATE
Initial	2/1/2018	1/31/2019	In Progress	

Medicaid information can be viewed by clicking the View Medicaid Info link.



Profile: Waiver - Medicaid Information

CoreMMIS Info for RID# 100248798999 ✕

BENEFIT PLAN	DESCRIPTION	EFFECTIVE DATE	AID CATEGORY	DESCRIPTION	EFFECTIVE DATE	DFR CASE #
DDWA		4/1/1994	WTCIH		4/1/1994	1082722800
MA		12/1/1997	SI		8/1/2017	1082722800

Facility Status:

**This information may be up to 48 hours delayed. Source: CoreMMIS*

The CoreMMIS modal will open and display the individual's benefit plans, aid categories and effective dates. Below, the individual's facility status, if any, will be listed.

The information in this modal is received from CoreMMIS and may be delayed by up to 48 hours.



Profile: Waiver - Service Plan History

Waiver

Waiver Information

Waiver Type CIH
Waiver Status Active
Waiver Start Date 10/1/2001

ALGO Level 4
Allocation \$99,880.00
Raw Health Score 7
Health Care Supports
 Frequency 4
 Intensity 3
Effective Date 10/1/2017

[View Waiver History](#)

[View Medicaid Info](#)

Audit

Medicaid Redetermination Date: 08/31/2018

Next Team Meeting Date: 4/24/2018

PCISP	LOCSI	Service Plan	Monitoring Checklist	Unannounced Visit
Annual Due 5/1/2018	Annual Due 4/15/2018	Annual Due 5/1/2018	Next Checklist Due Date 1/31/2018	Annual Due 8/5/2018
Last Finalized 6/15/2017	Last Finalized 4/15/2017	Last Finalized 12/15/2017	Last Finalized 10/31/2017	Last Finalized 8/5/2017

Service Plan History

SERVICE PLAN TYPE	SERVICE PLAN START DATE	SERVICE PLAN END DATE	SERVICE PLAN STATUS	TRANSMIT DATE
Initial	2/1/2018	1/31/2019	In Progress	

The Service Plan History section of the waiver page includes a list of the individual's service plans for quick reference. The user will see the type, start and end dates, status, and transmit dated.



Profile: Waiver – Waiver Services

Waiver Services from Current & Approved Service Plan

Provider Agency	Agency Location	Service	Effective Date	End Date	Rate	Units
THE COLUMBUS ORGANIZATION	Indianapolis	Case Management	06/01/18	05/31/19	\$125.00	12
HELP AT HOME, INC.	Muncie	Participant Assistance & Care	06/01/18	05/31/19	\$24.40	384
HILLCROFT SERVICES, INC.	Muncie	Behavior Management - Basic	06/01/18	05/31/19	\$18.20	336
HILLCROFT SERVICES, INC.	Muncie	Behavior Management - Level 1	06/01/18	05/31/19	\$18.20	12

Navigation: 5 items per page, 1 - 4 of 4 items

The Waiver Services section includes providers, location, service, effective dates, rate and units authorized on the current and approved service plan.



Authorized Provider- Case Manager History

Case Manager - Current as of 02/28/18

Name Cathy Case Manager
Case Manager Phone 260-888-9999
Case Manager Phone 2
Case Manager Email Cathy@TestCMCO.com

View Case Manager History



Current CMCO

CMCO Test CMCO

CM Supervisor

Supervisor Sally Supervisor
Supervisor Phone 260-999-8888
Supervisor Email Sally@TestCMCO.com

Case Manager History can be viewed – this will only display case managers assigned at or since the BDDS Portal data migration on February 21, 2018.



Authorized Provider- Case Manager History

Case Manager History



Case Manager	CMCO Name	Effective Date	End Date	Email	Phone
Cathy Case-Manager	Test CMCO	02/21/18		Cathy@TestCMCO.com	260-888-9999

Close



BDDS Portal Provider Trainings

<https://www.in.gov/fssa/ddrs/5437.htm>

- BDDS Portal Provider Training 1: Accessing the BDDS Portal
- BDDS Portal Provider Training 2: User Management (for System Administrators)
- BDDS Portal Provider Training 3: My Cases / Caseload Assignment
- BDDS Portal Provider Training 4: Navigating the Portal
- BDDS Portal Provider Training 5: Individual Profile
- BDDS Portal Provider Training 6: Document Library
- BDDS Portal Provider Training 7: PCISP
- BDDS Portal Provider Training 8: Viewing the Monitoring Checklist
- BDDS Portal Provider Training 9: Viewing Transitions

